

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	mTOR KINASE-ASSOCIATED PROTEINS
Attorney Docket Number::	WIBL-P01-010
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	24
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Middle Name::	M.
Family Name::	Sabatini
City of Residence::	Cambridge
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	105 Massachusetts Avenue Apt. 6B
City of mailing address::	Cambridge
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02138

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Korea, Republic of  
Status:: Full Capacity  
Given Name:: Do-Hyung  
Family Name:: Kim  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
State or Province of mailing address:: MA

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Kazakhstan  
Status:: Full Capacity  
Given Name:: Dos  
Middle Name:: D.  
Family Name:: Sarbassov  
City of Residence:: Shrewsbury  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 66 Stoney Hill Road  
City of mailing address:: Shrewsbury  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01545

### **Correspondence Information**

Correspondence Customer Number:: 28120

### **Representative Information**

Representative Customer Number:: 28120

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/448035	02/18/03

**Assignee Information**

Assignee name:: Whitehead Institute for Biomedical Research  
Street of mailing address:: Nine Cambridge Center  
City of mailing address:: Cambridge  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02142-1479